may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02520

| Second control Seco | 1. | REGISTRAR | | | | CERTI | FICATE OF DEAT | TH | RI | 9 - 0 2 | 020 | | |
|--|----------------------------------|---|-----------------|------------------------------------|---------------|---|------------------------|-------------|-----------------|--------------------|-------------------|---------------|--|
| Balades 1-29-79 3: | | | | | | | | 2 | e. DATE OF DE | TH MONTH | DAY YEAR | 26 HOUR | |
| Female White 2-13-992 ********************************** | | | Elsi | е | M. | В | lades | | | 1-29 | 7-79 | 3:15 | |
| Female White 2-13-92 86 YRS | 3. SEX | X | 4. | RACE | | | | | AGE (IN YEARS L | AST BIRTHDAY) | | IF UNDER 24 H | |
| Be SHRHACKE SHATE OF OPERATH De CHIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NORCED SOME STATE NOR AND STATE | | Female | | Whi | te | 2- | 13-92 | TEAK | 86 | YRS | MONTHS DAYS | HOURS M | |
| Maryland USA | 7g. BI | RTHPLACE STATE OR F | OREIGN 7b. | CITIZENO | F WHAT COU | INTRY? 8 | ED O NEVER MARR | UED 0 | BALTIMORE C | | TY OF DEATH | | |
| In the content of t | M | aryland | | US | SA | | | | Some | cset | | | |
| STATE STAT | 4 | | | | | | | | 20 USUAL OCC | UPATION | | F BUSINESS | |
| 18 CALVE OF DEATH COUNTY 18 COUNTY 1 | | | | | | | | 1tal | House | vife | | _ | |
| Manual Continuor Manual Cont | Ma | at RESIDENCE (IF NOR STATE ryland | 113b COUNTY | / | 13c CITY C | RIOWN | 134 INSIDE CITY LI | | | | Cove | | |
| Upshur Milbourne Isadora Thornton | | THER'S NAME | | | | | | IDEN NAME | | | | | |
| NO RESIDENCE FOR EVER IN U.S. ARRED FORCES? 186 SOCIAL SECURITY NO. 17 INFORMANT 17 INFORMANT 18 SOUTH AVENUE 18 SOCIAL SECURITY NO. 17 INFORMANT 18 SOUTH AVENUE 18 SOUTH AVENUE 18 SOCIAL SECURITY NO. 18 SOUTH AVENUE 18 SOCIAL SECURITY NO. 19 INFORMANT 18 SOUTH AVENUE 1 | 1 | | | DIE | | | | sador | | DOLE | | | |
| 18 CAUSE OF DEATH Enter only one course per line for its. 1b, and set in the following in the following in the following in the following interest in the conditions, if any, which gove rise to immediate course for instanting in the underlying course for instanting in the underlying course following in the underlying in the underlying course following in the underlying in the under | | VAS DECEASED EVER | IN U.S. ARME | | | | | 24401 | | DDRESS | | 10011 | |
| DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONTRIBUTION GIVEN IN PART 1001 TO CONTRIBUTION CAUSE OF DUE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1001 TO CONTRIBUTION CAUSE OF DUE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1001 TO ROW IN PART | | | | | 212- | 10-444 | Edward M. | Milb | ourne | Crisfi | eld, Md. | | |
| DUE TO, OR AS, A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse jot, stating the underlying couse lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR 210. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH OUR A.M. MONTH DAY YEAR 210. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OUR A.M. MONTH DAY YEAR OR CONTRIBUTION TO COUNTY IN TIEM 18, PART 1 OR PART 2) 210. TO COUNTY OF TOWN CITY OR TOWN COUNTY 210. TO CONTRIBUTION TO COUNTY 211. LOCATION CITY OR TOWN COUNTY STREET 212. PATE SIGNEE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 212. PATE SIGNEE 213. BURIAL, CREMATION, REMOVAL 23b. DATE 213. BURIAL, CREMATION, REMOVAL 23b. DATE 214. NAME OF CEMETERY OR CREMATORY 215. COUNTY SOUND TO COUNTY SOUND TO STOWN COUNTY SOUND TO SOUNTY COUNTY SOUND TO SOUNTY SOUNTY SOUND TO SOUNTY SOUNTY SOUND TO SOUNTY | | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) APPROXIM | | | | | | | | | | | |
| Conditions, if any, which gove rise to immediate couse 10. storing the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 190 DATE OF OPERATION 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 AUTOPSY? 210 IN CERTIFYING CAUSES OF DEATH (FETHER, NOTEW MEDICAL EXAMPLE) 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DAY YEAR 190 OR CONTRIBUTING CAUSE OF DEATH (FETHER, NOTEW MEDICAL EXAMPLE) 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DAY YEAR 190 OR CONTRIBUTING CAUSE OF DEATH (FETHER, NOTEW MEDICAL EXAMPLE) 210 ACCIDENT WAS UNDERLYING OR COUNTY OF INJURY OR CONTRIBUTING CAUSE OF DEATH (FETHER, NOTEW MEDICAL EXAMPLE) 210 ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (FETHER, NOTEW MEDICAL EXAMPLE) 210 ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH (FETHER, NOTEW MEDICAL EXAMPLE) 210 ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH (FETHER, NOTEW MEDICAL EXAMPLE) 210 ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH (FETHER, NOTEW MEDICAL EXAMPLE) 210 ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH (FETHER, NOTEW MEDICAL EXAMPLE) 210 ACCIDENT WAS UNDERLYING OR CAUSES OF DEATH (FETHER, NOTEW MEDICAL EXAMPLE) 210 ACCIDENT WAS UNDERLYING CAUSES OF DEATH (FETHER, NOTEW MEDICAL EXAMPLE) 210 ACCIDENT WAS UNDERLYING CAUSES OF DEATH (FETHER, NOTEW MEDICAL EXAMPLE) 210 ACCIDENT WAS UNDERLYING CAUSES OF DEATH (FETHER, NOTEW MEDICAL EXAMPLE) 210 ACCIDENT WAS UNDERLYING CAUSES OF DEATH (FETHER, NOTEW MEDICAL EXAMPLE) 211 ACCIDENT WAS UNDERLYING CAUSES OF DEATH (FETHER, NOTEW MEDICAL EXAMPLE) 212 ADDRESS 213 ACCIDENT WAS UNDERLYING CAUSES OF DEATH (FETHER, NOTEW MEDICAL EXAMPLE) 214 ACCIDENT WAS UNDERLYING CAUSES OF DEATH (FETHER, NOTEW MEDICAL EXAMPLE) 215 ACCIDENT WAS UNDERLYING CAUSES OF DEATH (FETHER, NOTEW MEDICAL EXAMPLE) 216 ACCIDENT WAS UNDERLYING CAUSES OF DEATH (FETHER, NOTEW MEDICAL EXAMPLE) 217 ACCIDENT WAS UNDERLYING CAUSES OF DEATH (FETHER, NOTEW MEDICAL EXAMPLE) 218 ACCIDENT WAS UNDERLYING CAUSES OF | | 410- | | DUE TO, | OR AS, A CON | SEQUENCE OF | 1. | 11 | | | . 4 | | |
| DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF | | | | (b) Chronice Cardeal What feeleway | | | | | | | , | | |
| PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 198 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 208 AUTOPSY? 210 IF YES, WERE FINDINGS USING CERTIFYING CAUSES OF DEATH OR CONTRIBUTING CAUSE OF DEATH ("ETHER, NOTHY MEDICAL EXAMINE") 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 217 LOCATION 218 LOCATION STREET CITY OR TOWN COUNTY 219 OND THORIE 220 I Certify that (I) (this hospital) getended the deceased from Sow the deceased olive on 12 9 9 0 000000000000000000000000000000 | | couse (0), stati | ng the | DUE TO, | OR AS A CON | NSEQUENCE OF | | | | | | | |
| 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO YES | | (c) | | | | | | | | | | | |
| OR CONTRIBUTING CAUSE OF DEATH | z | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 | | | | | | | | | | 01 | |
| OR CONTRIBUTING CAUSE OF DEATH DAY TEAR 19 110 NOTWHILE | OT I | 10. DATE OF OPERA | TION | Tian CON | DITION SOR | ITION FOR WHICH OPERATION WAS DEDECTIVE | | | TAL ALITORSY | EC MEDE EINIDIN | ICE HEED | | |
| OR CONTRIBUTING CAUSE OF DEATH NOW A.M. MONTH DAY TEAR (IF ETHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT | FIC. | 196 DATE OF OPERA | 11014 | 176 CON | DITION FOR | TON WHICH OF ENAMON WAS PEN ORMED | | | | IN CERT | IFYING CAUSES | OF DEATH? | |
| OR CONTRIBUTING CAUSE OF DEATH NOW A.M. MONTH DAY TEAR (IF ETHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT | ER | 21a ACCIDENT WAS UN | DERLYING 🖂 | 216 TIME | OF IN HIRY | 100 | 1212 HOW IN HIPV | OCCUPPED. | | | NO [] | | |
| 220. I certify that (I) (this haspital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19 | | OR CONTRIBUTING | CAUSE OF DEATH | | | TH DAY YEAR | 2 TE TIOW INSORT | OCCORRE | (ENIER NATURE | F INJURY IN HEM 18 | , PART LORPART 2] | | |
| 220. I certify that (I) (this haspital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19 | OIC | | | | | 19 | 216 LOCATION | | | | | | |
| sow the deceased alive an 12977 and that in (my) (aur) opinion death accurred on the date and hour and from the causes of above, (1) (we) (did) (did not) view the body after death. 226. PATENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D | ME | WHILE IT NOT W | HILE [| | | OFFICE, FARM, ETC.) | STREET | | CITY | OR TOWN | COUNTY | STATE | |
| DEGREE 276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRE | | 220.1 certify that (1 | (this haspital | | the deceased | from V (0 | 79, 19 | · | , to 1/2 | 179 | , 19, | that (I) (we) | |
| 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DI | | saw the decease | ed alive an | | v after death | _19 0 | and that in (my) (aur) | opinion dec | oth accurred on | the date and ha | our and from the | couses stated | |
| PHYSICIAN DIRECTOR PHYSICIAN 272d. PHYSICIAN'S NAME (TYPE OR PRINT) PHYSICIAN DIRECTOR PHYSICIAN 272e. ADDRESS Main St., Crisfield, Md. 21817 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY S | | 226. SIGNATURE DEGREE 22c. DATE SIGNED | | | | | | | | | SIGNED | | |
| 220. PHYSICIAN'S NAME (TYPE OR PRINT) 220. DT. Sarah Peyton Pain St., Crisfield, Md. 21817 230. BURIAL, CREMATION, REMOVAL 23b. DATE 230. NAME OF CEMETERY OR CREMATORY 230. COUNTY COUNTY COUNTY | | PHYSICIAN PHYSICIAN PHYSICIAN | | | | | | | | | 113 | 01 19 | |
| 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY S | | 22d. PHYSICIAN'S N | AME (TYPE OR PE | RINT) | | | | | | | 1 | | |
| 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY S | Dr. Sarah Peyton Main St., Crisf | | | | | | | | | | d. 21 | 817 | |
| | 23a. B | BURIAL, CREMATION. | | | | 23c. NAME OF | | | 23d. LOCATION | 7 | | | |
| I WILTEL /#1/7U ASDUMY PAMARANA ULISTIAIN SAMAWAA E | (5 | Burial | 17.7 | . / | 1/20 | Ashuru | Comptes | | | . 7 | COUNTY | Md. | |
| DIRECTOR 250 DATE REC'D, BY REGISTRAR 250, REC'STRAR'S SIGNATURE. | | | & Sons | s, Cr | isfie | id, Ma | | 250 DATER | B 1 BY RECT | 79 256. REC | TRAP'S SIGNAT | Tready | |

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

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| STATE O | F MARYLANI |) |
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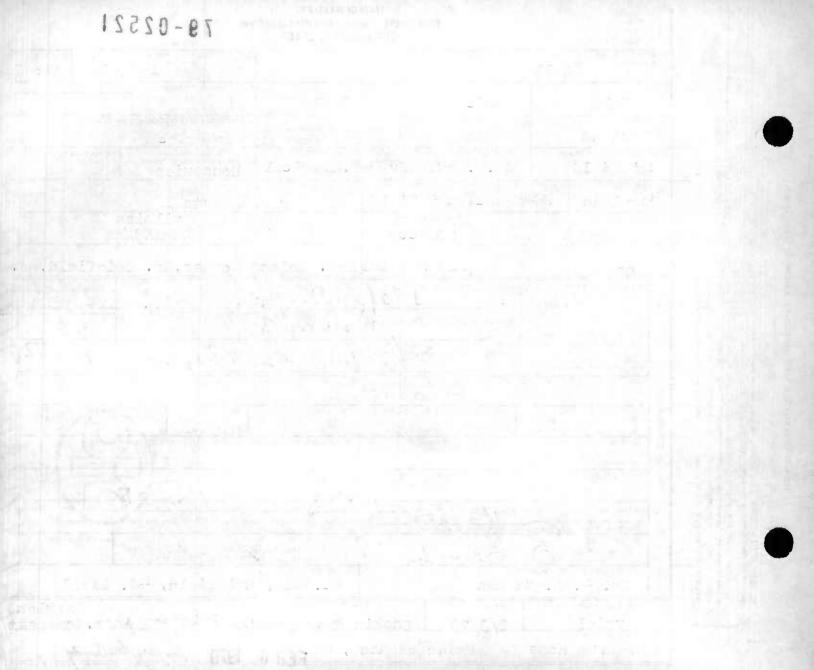
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02521

| | REGISTRAR | | | | CERTIF | ICATE OF DEATH | REC | . NO. | | |
|----------------|---|---|--------------------------------|---|------------------|--|---|------------------------|---|--|
| | EASED NAME | Dell. | | MIDDLE | Ca | ast | 20 DATE OF DEAT | | 31-79 | 2ь HOUR 11:37,а |
| | Pe ^m ale | | 4 RACE Whi | | 5. DATE C | 0F BIRTH 0-7-9°7 YEAR | 6 AGE (IN YEARS LAST | YRS. | MONTHS DAYS | IF UNDER 24 HRS HOURS MIN |
| Mo | THPLACE (STATEO UNTRY) A TYLAND Y OR TOWN OF D | | US | | WIDOWE | | 9 BALTIMORE CIT | set | | MD. |
| Cr | cisfiel | d | Edw.W | McCreac | DDRESSME | em. Ho spital | 120 USUAL OCCUP (TYPE OF WORK FOR MO HouseW | ST OF WORKING | | F BUSINESS OR |
| M _E | ary land | 13b COUR | Mer set | GIVE RESIDENCE BEFORE | eld | 13d INSIDE CITY LIMITS? YES NO X | 13e STREET ADDRE Route | 1 | | |
| | HER'S NAME Samu | el | | Sharret X Sharx etx | XEX | Maggie | xDX | vilbi WebbX | LAS | T |
| | AS DECEASED EVI S, NO OR UNKNOWN) | | MED FORCES? E WAR OR DATES} | 220-26- | | Mrs. Roland | | 011200 | | eld, Md. |
| | PART 2. OTHER SI | my, which mmediate thing the use lost | DUE TO, OI | Don | NCE OF | Tun de | | | | |
| ZTIFIC | 9a DATE OF OPER | 100 | 196 COND | | OPERATIO | N WÁS PERFORMED | YES NO | IN CERT | ES, WERE FINDIN IFYING CAUSES YES | OF DEATH? |
| MEDICAL | OR CONTRIBUTING [(IF EITHER, NOTIFY ME 21d. IN JURY OCCU WHILE NOT AT WORK AT 220.1 certify that | CAUSE OF DE. DICAL EXAMINER JRRED WHILE WORK (1) (this hasp | P 21e PLACE (AT HOME, STR | M, MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FI e decebsed from | 19 ARM, ETC.) | 21f. LOCATION STREET | city of | NWOT S | COUNTY | STATE that (I) (we) last couses stated |
| | 226. SIGNATURE 226. PHYSICIAN'S | NAME (TYPE C | . Ba | und h | , , | ATTENDING PHYSICIAN (1) 220 ADDRESS Rt.#413, | DIRECTOR PH | | 2181 2181 | |
| 24 FUI | JRIAL, CREMATIO Burial NERAL DIRECTOR In Man's | | 2/3/ | . 20 | noki | 25g. DATE | 23d. LOCATION CITYORTOWN Prin | Cess RAR 25b. REGIS | | aryland omersed URE |

DHMH - 16 50M 1/76 (VR A 15 (4))

BP



STATE OF MARYLAND

02522

| 1 - STATE REGISTRAR | | DEPART | | E OF DEATH | | 9-UZ | 3 2 4 | |
|--|--|---|----------------------------------|------------------------------------|----------------------------|------------------------|---------------------|-------------------------------------|
| I. DECEASED NAME (TYPE OR PRINT) | Lena Lena | Collins | Hor | sey | 20. DATE OF DEAT | 1-13- | ., | 26. HOUR 7:45a ⋒ |
| Female | 4. RACE | Negro | 5. DATE OF BIRT MONTH 7-13 | OAY YEAR | 6. AGE (IN YEARS LAS | | ONTHS OAYS | IF UNDER 24 HRS HOURS MIN |
| 70. BIRTHPLACE (STATE OR COUNTRY) Maryland | U | N OF WHAT COUNTRY? | MARRIED X | NEVER MARRIED C | 9 BALTIMORE CIT | Merset | OF DEATH | MD. |
| Crisfield | | E OF HOSPITAL, NURSIN TIM SUMMACCTES W • W • MCCTES | | | 12g USUAL OCCUI | | | F BUSINESS OR |
| USUAL RESIDENCE (IF NU 130 STATE Maryland | 13b COUNTY Somers | 13c. CITY OR TOW | /N 13d Ir | NSIDE CITY LIMITS? | 13e, STREET ADDRE | | | |
| 14 FATHER'S NAME FIRST Alber | | Collin | ns | OTHER'S MAIDEN N FIRST Sarah | MIDD | T | ilghm | nan |
| 160 WAS DECEASED EVE (YES, NO OR UNKNOWN) | R IN U.S. ARMED FOR (IF YES, GIVE WAR OR DA | 16b SOCIAL SECU 1ES) 218-34 | | Harriett H | brock Marlin | POST 29 | 1/ Was | toverMe |
| 18 CAUSE OF DEA PART I. DEATH | WAS CAUSED BY- | ise per line for ioi, (b), on | hopremo | | 0 | | BETWEEN C | MATE INTERVAL ONSET AND DEATH |
| Conditions, if on gove rise to in couse (o), state underlying cous | DUE y, which onmediate thing the DUE | TO, OR AS A CONSEOU | ENCE OF PORES !! | | ARREST. | | | |
| | GNIFICANT CONDITIO | NS CONTRIBUTING TO | DEATH BUT NOT F | RELATED TO THE TER | RMINAL DISEASE OR C | ONDITION GIVE | N IN PART 110 | 01 |
| 19a DATE OF OPER 12. 3ce | | CARDIAC | | . / | 200 AUTOPSY? | | WERE FINDING CAUSES | OF DEATH? |
| | CAUSE OF DEATH HO | IME OF INJURY JR. A.M., MONTH D P.M. | | HOW INJURY OCCU | JRRED (ENTER NATURE OF | INJURY IN ITEM 18, PAR | H OR PART 2) | |
| (IF EITHER, NOWY MED 21d INJURY OCCU WHILE NOT | | LACE OF INJURY DME, STREET, FACTORY, OFFICE, | | LOCATION | CITY O | RYOWN | COUNTY | STATE |
| | l) (this hospital) attend used afive an (did) (did not) view the | ded the deceased from 1, 11, 79 19 | | , , , | n death occurred on th | 3. 19 | | that (I) (we) lost couses stated |
| 22b. SIGNATURE | WG | m | DEGRE | ATTENDING | MEDICAL DIRECTOR DPH | STAFF YSICIAN [] | 1, 15 | |
| Dr. Wi | NAME (TYPE OR PRINT) Lliam Gi | 11 | 22e . | ADDRESS Westov | er, Md. | | | |
| 230. BURIAL, CREMATION (SPECIFY) | | 20 /79 57 | NAME OF CEMETE | ERY OR CREMATORY | 23d LOCATION CITY OF LOVIN | ver S | MEISE | t stated. |
| 24 FUNERAL DIRECTOR NAME Chas. Ward | l Funeral | Home, Ma | arion, | 1.7 | AN 18 1979 | RAR 256 REGISTR | AR'S SIGNAT | URE |

DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME MONTH (TYPE OR PRINT) OF ESTI-JOSHUA MILES Jan.4 19 6. AGE (IN YEARS) DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 3. SEX DATE LAST BIRTHDAY PRONOUNCED Male Black 116/ DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Maryland USA Somerset WIDOWED DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS ID CITY OR TOWN OF DEATH I NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) Seafood Laborer Westover TAIN P. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE 130. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Somerset Westover Box NO X OK VITAL 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Annie Parsons 7. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Box 182 DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR GATES) Evelyn Miles Westover, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Myocardial infarction IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise ta immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF E 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURIAL, YES | NO T 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 19 21e. PLACE OF INJURY (AT HOME 211 LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK X and in my apinian 220. I certify that I taak charge af the remains described abave, held an Autapsy Inspection Natural causes Accident Hamicide Undetermined manner death resulted fram: EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH BALLIMORE, MARYLA TITLE (SPECIFY) ACTUAL DATE 1/8/79 Deputy SIGNATURE EXAMINER'S NAME Main St., Crisfield, Rawley, M. D. 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE Burial Md. Ebeneezer Cemetery Marumsco Som BP 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Crisfield, Md. Ward 15M 7/76

| 2 | 1 | MARYLAND STATE DEPARTMENT OF HEALTH | |
|--|---------------|--|--|
| FOR STATE HEALTH DEPT. | L | MEDICAL EXAMINER'S CERTIFICATE OF DEATH 79-07 | 2526 |
| HEALTH DEFT. | | DECEASED-NAME (Type or Print) McKinley Cook Robinson 20. Date KNOWN Month OF ESTI- DEATH MATED DEATH MATED DEATH MATED | Doy Year 16. HOUR A. M |
| of Healt | 3. 5 | Male. Neer-o 8/7/1897 (at b) day) Months DAYS HOURS MIN Manth 2Day | Year 1979 2d1HQUR3 |
| PM3. Pu | - | BIRTHPLACE (State or foreign 1/2). CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH SOME SET | Md. |
| d. 21201 24 haurs in Item I ih farm P | | (ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mest of working life even if retired.) | 12b. KIND OF BUSINESS OR INDUSTRY |
| RE, Md. within 2 pencil in ang with | 130 | USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN obmission) STATE May 13b. COUNTY Some Set 12 100 YES 100 100 100 100 100 100 100 100 100 10 | |
| BALTIMORE, Me secuted within pending" in pending with the St I and 2 with the St I and 2 with the St I and 3 with the St I and | | FATHER'S NAME Thomas Middle Robinson 1s. MOTHER'S MAIDEN NAME First Middle | Roach |
| d be ex d be ex d be ex l and | 160. | WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (II yes give war or doles of service) 217-03-5844 VITOTALE Robinson POINT93 Ma | irion Sta., Md. |
| e shaul he word al Exam ile pog death. | | IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Carcinoma, urinary bladder with | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| riffical riffical riffing t Medical | | /8 8 G IMMEDIATE CAUSE (a) Carcinoma, urinary bladder with Oue To, OR AS A CONSEQUENCE OF metastasis to lung Canditions, if dny, which gave (b) Canditions, if dny, which gave (canditions, if dny, which gave) Canditions, if dny, which gave (b) | |
| DS, 301 W. PRESTON STREET, MINER: This certificate should the certificate, writing the word "ded to the Chief Medical Examinaburial-transit permit. File pages t within 72 hours after death." | | rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF last. | |
| S, 30 NINER Certified to the Urial-th | | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) | |
| ECORDS, 301 L EXAMINER: cute the certific Granded to th | CERTIFICATION | Parkinsonism 196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | 20. AUTOPSY? |
| MEDICAL EXAMINER: This certificate should be executed within 24 hours please execute the certificate, writing the word "pending" in pencil in Item 18. Give Peshould be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page und be used as a burial-transit permit. File pages 1 and-2 with the State Department of and in any eyent within 72 hours after death. | | 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19 | YES NO |
| | MEDICAL | CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE AT WORK AT W | Caunty State |
| DIVISION (TO DEPUTY delay is necessary, al director. Page 4 Ir files. ECTOR: Page 3 sh matian, or remaval | | 220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry about resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined monner | |
| any delay is neral direct your files. DIRECTOR: | | ACTUAL CHIEF MEDICAL EXAMINER | - 10 |
| ath. If any do the funeral med for your IRAL DIRECT buffol crems | - | SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) C. G. Rawley, M. D. ADDRESS(Street, city, town, or county) Crist | /22/79 |
| offer-death. If any dand 3 to the funeral be retained for your TO FUNERAL DIRECT PRICES PRICES TO FUNERAL DIRECT PRICES PRICES TO THE PRICES T | 230 | BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OF STEMANDER 23d. LOCATION (City or Town) | (County) (State) |
| VR AT SME (5) 8M-1/70 | 24. C | FUNERAL DIRECTOR ADDRESS NI FRO 250. REC'D BY REGISTRAR 25b. REGISTRAR'S | |
| | bene | | |

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-02527

| | REGISTRAR | | | CERTIFI | CATE OF DEA | TH | REC | 3-0 | 6361 | |
|-----------------|---|------------------------------------|-----------------------------------|--------------------|-------------------------|------------|--|----------------|--------------------------------|--|
| (TYP | ECEASED NAME FIRST PE OR PRINT) Will | | arence | Tri | itt | | 20 DATE OF DEATH | 1-6- | 79 | 12:45p |
| 3. SE | Male | 4 RACE Whi | te | 5 DATE O | | YEAR | 6. AGE (IN YEARS LAST | | MONTHS DAYS | HOURS MIN |
| | BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia | 76 CITIZEN OF W | HAT COUNTRY? | MARRIED WIDOWEI | NEVER MARE | | 9 BALTIMORE CITY Somer | Y OR COUNT | OFDEATH | MD. |
| 7 | Crisfield | Edw.W.N | ACCIENTY GIVE STREET | y Me | n. Hosp: | ital | 120 USUAL OCCUP (TYPE OF WORK FOR MO: Farmer | | E) INDUSTRY | Farmer |
| 130 | JAL RESIDENCE (IF NURSING HOME OF STATE 13b COUT Maryland So! | nerset | Cristi | eld | 13d INSIDE CITY L | | 13e. STREET ADDRES | | yland | |
| C 14 F. | ATHER'S NAME FIRST James | MIDDLE | ruitt | | 15 MOTHER'S MA | | | | LAS | 7 |
| 1 | WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV | | 66 SOCIAL SECU 227-03- | | Mary El | izabe | eth Drewer | Cris | field,M | d |
| > | PART I. DEATH WAS CAUSE MMEDIA Conditions, if ony, which gove rise to immediate couse to is storing the underlying couse lost | D BY TE CAUSE (0) DUE TO, OR (b) | AS A CONSEQUE | MON ENCE OF | Lea | | | | 10 | MATE INTERVAL MATE INTERVAL MATERIAL MA |
| ATION | PART 2 OTHER SIGNIFICANT | nerale | sect a | de | NOT RELATED TO | ero. | NAL DISEASE OR CO | 20b. IF YES | S, WERE FINDIN | NGS USED |
| 1 CERTIFICATION | 210 ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE. | 21b. TIME OF HOUR A.M | INJURY MONTH DA | AY YEAR | 21c. HOW INJURY | OCCURRE | YES NO |] YE | YING CAUSES S ART I OR PART 2) | NO [|
| MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF | F INJURY T, FACTORY, OFFICE, F | 19 ARM, ETC.) | 21f. LOCATION STREET | N / | CITY OR | TOWN | COUNTY | STATE |
| | 22a.1 certify that (I) (this hasp sow the decayed alive an above (I) (i/e) (did)/did no 22b. SIGNATURE | | terdeoth 19 | | EGREE | | eoth occurred on the | | r and from the | |
| | James A. S | | , M. D | 791 | 22e ADDRESS | | Crisfie | 2115 | d. 218 | 17 |
| L | BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | 23b. DATE 1-8-197 | | | METERY OR CREM | v | 23d. LOCATION CITY OR TOWN Parksle | y-Accom | county ack-Vir | state ginia |
| 24 F | Jack Doughty | | Exmore | e, Va | | JA | REC'D. BY REGISTR | AR 25b. REGIST | RAR'S SIGNAT | Ready |

DHMH - 16 60M 1/75 (VR A 15 (4))

BP.

